

CITIZENSHIP DOCUMENTATION AND IDENTITY DECLARATION

Citizens applying for or receiving Medical coverage must show proof of citizenship and identity.

Attach proof of citizenship or identity that you have available such as a copy of:

- A US Passport, Tribal Membership Card, or Certificate of Naturalization or US Citizenship for each adult and child in your household who is applying for or receiving medical benefits; **OR**

Proof of citizenship that you have available such as a copy of;

- A certified birth certificate; **and**
- A **document that provides identification for each household member age 16 or older** (e.g., driver's license, school photo ID, military ID, state ID, etc.) who is applying for or receiving medical benefits.

Or, complete the information below for each household member that does not have proof of citizenship and identity.

I declare, under penalty of perjury, the information below on each household member applying for or receiving medical coverage is true, correct, and complete to the best of my knowledge. I give Washington State Department of Social and Health Services authorization to obtain birth certificate(s) or other necessary documentation for me and my family members.

Signed this day of 20 , at , Washington.

PRINT NAME

SIGNATURE

NAME AT BIRTH (FIRST, MIDDLE AND LAST):

DATE OF BIRTH

PLACE OF BIRTH (STATE, COUNTY AND CITY)

FATHER'S NAME (FIRST, MIDDLE AND LAST):

MOTHER'S MAIDEN NAME (FIRST, MIDDLE AND LAST):

PROOF OF CITIZENSHIP OR IDENTITY IS NOT AVAILABLE BECAUSE

NAME AT BIRTH (FIRST, MIDDLE AND LAST):

DATE OF BIRTH

PLACE OF BIRTH (STATE, COUNTY AND CITY)

FATHER'S NAME (FIRST, MIDDLE AND LAST):

MOTHER'S MAIDEN NAME (FIRST, MIDDLE AND LAST):

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PROOF OF CITIZENSHIP OR IDENTITY IS NOT AVAILABLE BECAUSE

LIST ADDITIONAL HOUSEHOLD MEMBER ON BACK



NAME AT BIRTH (FIRST, MIDDLE AND LAST):	
DATE OF BIRTH	PLACE OF BIRTH (STATE, COUNTY AND CITY)
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